

Mental Health

Arizona's 2010 Mental Health planning team selected depression and related disorders as a focus of activity as a result of the prevalence and the social, physical and economic impact of depressive disorders. Approximately 20 percent of the U.S. population is affected by mental illness during a given year; no one is immune. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. As many as one in every 33 children and approximately one in eight adolescents may have depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.

In Arizona, the 1997 suicide mortality rate among adolescents 15-19 years old was 23.7 per 100,000. This was the second highest rate in the U.S. At the other end of the age spectrum, suicide among older adults in our state is a major concern. In 1997, Arizona ranked third highest in suicides among those age 75 - 79 years old, (34.2/100,000).

From an economic standpoint, clinical depression is one of America's most costly medical illnesses, costing the economy over \$43.7 billion in absenteeism from work, lost productivity and direct treatment costs. Left untreated, depression is as costly to the American economy as heart disease or AIDS.

Depression can often be triggered by other chronic illnesses common in later life such as diabetes, cancer, stroke, heart disease, chronic lung disease, Alzheimer's disease, Parkinson's disease and arthritis. Depression occurs in 40-65% of patients who have experienced a heart attack, and in 18-20% of people who have coronary artery disease, but have not had a heart attack. It is often a co-occurring illness with substance abuse.

Depression is treatable. Available medications and psychological treatments, alone or in combination, can help 80 percent of those with depression. With adequate treatment, future episodes of depression can be prevented or reduced in severity. Treatment for depression can enable people to return to satisfactory, functioning lives.

Strategies to improve the diagnosis and treatment of depression in Arizona will include addressing stigma, promoting closer integration of behavioral and public health, and broadening awareness of depressive illness among primary care providers.

Prevalence of Depression

- # More than **19 million** Americans suffer from depression annually.
- # Women experience depression at roughly **twice the rate** of men.
- # The highest rates of depression occur among adults ages **25 to 44**.
- # Late-life depression affects some six million older adults, most of them women, but **only 10%** of these persons ever get treated.
- # Depressive symptoms occur in approximately **15%** of community residents **over age 65**.

Source: National Institute of Mental Health

Objective #1	Increase community knowledge and understanding of depression through collaboration with public and private agencies/businesses.
Strategy 1.1	Launch a communications campaign at the community level to increase understanding of depression and reduce its stigma.
Objective #2	Decrease the number of completed suicides for teens and older adults. (see also Injury & Violence Prevention Objective #3)
Strategy 2.1	Implement statewide replication of the O.P.T.I.O.N.S. (Offering Parents and Teens Information On Needless Suicide) program and other educational programs that address teen depression and suicide.
Strategy 2.2	Promote community prevention programs (such as the Gatekeeper model) that address the mental health needs of older adults.

Objective #3	Increase the number of individuals in AZ that are screened for depression and referred for treatment if needed.
Strategy 3.1	Educate and train Primary Care Physicians on the signs and symptoms of depression.
Strategy 3.2	Strengthen linkages between the behavioral health and public health communities.
Strategy 3.3	Create cross-disciplinary collaborations, e.g. use of depression screens at local health fairs.
Strategy 3.4	Increase support for identifying and responding to depression in the workplace.
Objective #4	Increase access to services for persons with depressive disorders.
Strategy 4.1	Develop and strengthen collaborative relationships among employers, health benefit payors, government and the public, to move toward increased mental health coverage.
Strategy 4.2	Educate employees about availability of existing mental health benefits.
Strategy 4.3	Promote policy changes to implement mental health insurance parity.